AUS Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U 00000		2 Fiscal Year Covered From					
9318		1 / 1 / 2004 Through 12 / 31 / 2004					
3 Name and address of person f	iling	4 Name, file number, and address of labor organization					
Name RALPH	SCOPO	Name CONCRETE WORKERS LOCAL 6A					
		Labor Organization File Number 002-158					
PO Box, Bidg , Room No , if an	у	P O Box, Building and Room Number, if any					
Street 490 VICTORY DR		Street 35-04 30th ST					
City RONKONKOMO		City LONG ISLANC CITY					
State New York	ZIP Code + 4 11779	State New York ZIP Code + 4 11106					

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transa monetary value from an employer who	ictions (including loans) v se employees your org	vith, or derived income or other economic benefit of anization represents or is actively seeking to represent
6 Name and address of Employer (including	trade name, if any)	7 a Nature of Interest, Transaction, or Income
Name		
Trade Name, if any		
P O Box, Bldg , Room No , if any		
		7 b Amount.
Street		
City		
State	ZIP Code + 4	

## Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions )

Signed

on 8.12.

Date

118-542-1231

Telephone

Name of Person Filing	RALPH SCOPO			File Number U-	00000	

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with Name a Labor Organization Trade Name, if any 6 Trust PO Box, Bldg , Room No , if any c Employer Street City ZIP Code + 4 State 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any PO Box, Bldg , Room No , if any Street 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received ZIP Code + 4 State 12 b Amount

C Received from any employer (or from any labor relations consultant			
13 a Name and address of Employer or (including trade name, if any)	Labor Relations Consultant	14 a Nature of payment	
Name PER LETTER ATTACHED			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street			
City			
State	ZIP Code + 4	_	
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment.	

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## CONCRETE WORKERS LOCAL 6A 35-04 30<sup>TH</sup> ST LONG ISLAND CITY NY 11106



August 11, 2005

U.S Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue. NW Room N-5616 Washington, D.C. 20210

## Dear Sir or Madam:

100 1

Enclose is my labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records, as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

This filing reflects my good faith effort to comply with the L M-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the department. The enclosed material represents my best recollection and estimate of all lawfully report benefits that I received in 2004.

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor- Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

Sincerely, Ralph Scopo

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